BUSINESS LICENSE APPLICATION



City of Delaware City 407 Clinton Street – P.O. Box 4159 Delaware City, DE 19706

☐ New License OR ☐ Renewal

If this is a Renewal of your 2021 Business License, Please complete only the Blue Boxes and provide us with your 2022 State License's. If this is a New License or you need to make any changes/ updates to your information, please complete the entire form

complete the entire form.				
Name of Business:				
Business Address:				
Business Phone:	:: Alternate Phone:			
Email Address:				
Type of Business:	□ Corporation □ Partnership	☐ Sole Proprie	tor 🗆 Mobile 🗆 Internet	
☐ Other (explain)				
Fed Tax ID No.:	State of Incorporation:			
	ses of each officer of the business:	•		
Name	Title	Address	Email	
Name	Title	Address	Email	
Name	Title	Address	Email	
The undersigned hereby sub through December 31, 2022 a		are City Business Lid	cense for the licensing year January 1, 2022	
I hereby affirm that the above City.	information is correct and that I (we) w	ill comply with the p	rovisions of the Code of the City of Delaware	
Owner (print or type name) Owner (signature)		Date	
*****	********OFFICE US	SE ONLY*********	******	
APPROVED: YES □ NO □	City M	City Manager		
Parcel #		License #		